A CELEDATOR

Docket	No.	16-092

WATTS, HOFFMANN, FISHER & HEINKE CO., L.P.A.
P.O. Box 99839
Cleveland, Ohio 44199-0839

Commissioner of Patents and Trademarks Washington, D.C. 20231

## **NEW APPLICATION TRANSMITTAL**

Transmitted herewith for filing is the patent application of Inventor(s): CHAD KENNETH HATCH

For (Title): PRESSURE PROTECTION MANIFOLD

This new application is:	for a(n):		
X Original	Design	Divisional	
Continuation	Conti	nuation-in-part (	(CIP)

## Papers enclosed are:

- \_7 Pages of Specification
- \_6 Pages of Claims
- \_\_1 Pages of Abstract
- \_6 Sheets of Drawings (XX formal/\_\_informal)
- \_\_\_ Preliminary Amendment
- \_\_\_ Information Disclosure Statement
- \_\_\_ Declaration of Biological Deposit
- \_\_\_ Other (Pages)
- 2 Pages Declaration or Oath (\_xx executed by inventor(s))
- \_\_\_ Small Entity Statement
- \_\_\_\_\_ Assignment Cover Sheet
- \_\_\_\_\_ Assignment to <u>VOLVO TRUCKS NORTH AMERICA</u>, INC.

## CERTIFICATE OF MAILING BY U.S. EXPRESS MAIL

I hereby certify that this New Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service on this date  $\frac{2/1/2002}{2002}$  in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number  $\frac{E \angle 860973218}{2002}$  addressed to the: Commissioner of Patents and Trademarks, Washington, D.C. 20231.

Name

Signature

Ellen M. Grzelak

Name

Signature

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## Fee Calculation

		· · · · · · · · · · · · · · · · · · ·	CLAI	MS AS FILED	
Nu	mber fil	ed :	Number Extra	a Rate	Basic Fee \$740.00
Total					
Claims	33 -	-20=	13	x \$18.00=	\$234.00
Independent			_		
Claims  Multiple	<u> </u>	3=	2	x \$84.00=	\$168.00
Dependent C	laim(s),	if any		\$280.00=	
Total Filing Fee Calculation					\$ 1,142.00
D	esign A <sub>l</sub>	pplication	on Filing Fee	Calculation	\$
Filing Fee for a Small Entity (50%)			\$		
_xxFee for Recording Assignment (\$40)			\$40.00		
XX_	Enclos	sed is a	check in the a	amount of \$ <u>1,182</u>	2.00
	Charge	e Depos	it Account N	o. 23-0630 in the	amount of \$
X	The Comay be 0630.	ommissi e requir	ioner is hereb ed, or credit :	y authorized to cl any overpayment	narge any additional fees which to Deposit Account No. 23-
			9/e. (sign	Imith_ature)	
			<u>Kenr</u> (nam	neth J. Smith	

Reg No. 45,115

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